

2013 Performance Based Contract

MCH Program Update

State & Federal Priorities

- ⇒ The MCH priorities for 2011-2015 are: 1) health disparities; 2) medical home; 3) needed services for children and youth with special health care needs; 4) optimal infant and child health, development and growth; 5) optimal mental health and healthy relationships; 6) optimal reproductive health and pregnancy planning; 7) preventive screenings, early identification and interventions; and 8) safe and healthy communities.
- ⇒ The Wisconsin MCH Program's eight priorities have an increased emphasis on life-long prevention, increased understanding of the impact of a community's physical, social, economics and environment on health and use of the life course framework. They are not specific health risks or protective factors, but identify key areas to support and implement interventions that will target a myriad of factors as early as possible while acknowledging the role of families, the health system, and communities on the risk and protective factors impacting an individual's health.

Budget

- ⇒ Level funding to local agencies is planned. Changes to local allocations could occur if there are cuts to the federal MCH Title V Block Grant to Wisconsin.

Objectives

- ⇒ In 2013, Title V MCH Block Grant funds will continue to focus on the building of community early childhood systems of services and supports through two initiatives:
 - The Wisconsin Healthiest Families Initiative strives to assure all families have access to a coordinated, integrated and sustainable system of services and supports focused on health promotion and prevention.
 - Focus areas include family supports, child development, mental health and/or safety and injury prevention.
 - The Keeping Kids Alive Initiative strives to establish a sustainable, coordinated system to identify causes of all fetal, infant, and child deaths, resulting in preventive strategies for community action.
- ⇒ There are two 2013 MCH objectives, one addressing the Wisconsin Healthiest Families Initiative and one addressing the Keeping Kids Alive Initiative:
 - By December 31, 2013, _____ (Select one or more: an assessment, a plan, implementation/evaluation activities, and/or sustainability/Quality Improvement activities) for the Wisconsin Healthiest Families Initiative will be completed by the _____ Health Department in collaboration with community partners focusing on _____ (Select one focus area: family supports, child development, mental health or safety/injury prevention).
 - By December 31, 2013, The Keeping Kids Alive Initiative will be implemented by the _____ Health Department in collaboration with community partners.
- ⇒ The objectives allow for flexibility, providing a framework that needs to be individualized.
 - Agencies will customize the objectives by completing the Input Activities.
 - If individual services are to be provided, they must be negotiated and incorporated into the systems work of the initiatives.
- ⇒ MCH objectives will be negotiated and finalized with 3-way conference calls between the local health department staff, DPH Regional Office contract administrator and an MCH Program consultant.
- ⇒ The work will be accomplished over multiple years with progressive steps negotiated annually. The steps include: 1) assessment, 2) planning, 3) implementation and 4) sustainability/reassessment/quality improvement.

- ⇒ The populations to be served are all infants and children, including children and youth with special health care needs, and expectant and parenting families with young children. There is a special focus on those at risk for poor health outcomes.

Boundary Statement & Quality Criteria

- ⇒ MCH program expectations are outlined in the Boundary Statement and Quality Criteria and are available in the Grants and Contracting (GAC) System.

Data Collection

- ⇒ The contract deliverable and data source for measurement will be finalized during the negotiation process following the identification of the Input Activities and steps to be implemented.
- ⇒ Data entry in SPHERE continues to be required for MCH funded objectives.

End of Year Reporting

- ⇒ End of year reporting includes SPHERE Reports and required reporting forms for negotiated steps.
- ⇒ There will be a mid-year check-in on progress.

Match Requirement

- ⇒ Contractees must provide 75% match (\$0.75 local contribution for every \$1.00 federal) for all Title V MCH Block grant funds and report through the CARS system as described in the contract.

Lead Central Office Staff for MCH Negotiations

Name	DPH Region	Phone	E-Mail
Mary Gothard	Southern	(608) 266-9823	Mary.Gothard@Wisconsin.gov
Katie Gillespie	Southeast	(608) 266-1538	Kate.Gillespie@Wisconsin.gov
Peggy Helm-Quest	Northeast	(608) 267-2945	Peggy.HelmQuest@Wisconsin.gov
Katie Gillespie	Northern	(608) 266-1538	Kate.Gillespie@Wisconsin.gov
Becky Turpin	Western	(608) 266-3008	Rebecca.Turpin@Wisconsin.gov
Terry Kruse	MCH Supervisor	(608) 267-9662	Terry.Kruse@Wisconsin.gov
Linda Hale	Family Health Supervisor	(608) 267-7174	Linda.Hale@Wisconsin.gov